Fill in this information to identify your case:	
Debtor 1 Wynne Leonard Boyer	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: Eastern District of P	ennsylvania,
Case number 4:18-bk-12885 (if known)	☐ Check if this is an amended filin

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) Issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2 Living 0 Housing

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

 Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,132.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1		Boyer, Wynne Leonard				Case number (if I	(nown) <u>4:18-bk-128</u>	
Peo	ple v	who are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	49	1			
	7b.	Number of people who are under 65	×	1	_			
	7c.	Subtotal. Multiply line 7a by line 7b.	\$ <u></u>	49.00	<u>)</u>	Copy here=>	\$ 49.00	
Peo	ple v	who are 65 years of age or older			_			
	•		¢	447	ì			
		Out-of-pocket health care allowance per person	*_	117	_			
		Number of people who are 65 or older	×_	1				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	117.00	<u>-</u>	Copy here=>	\$ <u>117.00</u>	
	7g.	Total. Add line 7c and line 7f			\$	166.00	Copy total here=>	\$ 166.00
					Ĺ			
To	answaructi Hou the Hou	ver the questions in lines 8-9, use the U.S. Trusterions for this form. This chart may also be available using and utilities - Insurance and operating expedicitions for this form. This chart may also be available using and utilities - Insurance and operating expedicition and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages ar To calculate the total average monthly payment, a	ele at the enses: U operating the fill in the conduction of the co	b bankrupto Using the nung expenses de dollar amount debts secure	y clerk' mber of unt ed by yo	's office.	•	557.00
		contractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.	months	after you file	ofor	we.		
		Name of the creditor		Average mo payment	onthly			
		Usaa Federal Savings Ban		\$ <u> </u>	714.00	<u>) </u>		
		9b. Total average monthly раул	nent S	\$ <u> </u>	714.00	Copy here=>	-\$1,714.00	Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.	L					
		Subtract line 9b (total average monthly paymen) frent expense). If this number is less than \$0, enter		9a (mortgag	e or	\$	0.00 Copy	\$0.00
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil					incorrect and	\$0.00
	Ε.	φlain why:						

Debtor 1	Boyer, Wynne Leonard		Case number (if known)	4:18-bk-12885
11.	Local transportation expenses: Check the number of vehicle	s for which you claim an	ownership or operation	ng expense.
	□ 0. Go to line 14.			
	☐ 1. Go to line 12.			
	2 or more. Go to line 12.			
12.	Vehicle operation expense: Using the IRS Local Standards expenses, fill in the Operating Costs that apply for your Census			im the operating \$500.00
13.	Vehicle ownership or lease expense: Using the IRS Local S may not claim the expense if you do not make any loan or lease two vehicles.	tandards, calculate the n payments on the vehicle	et ownership or lease . In addition, you may	expense for each vehicle below. You not claim the expense for more than
Vel	nicle 1 Describe Vehicle 1:			
13a.	Ownership or leasing costs using IRS Local Standard		\$0.	00
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line 1 contractually due to each secured creditor in the 60 months after Then divide by 60.			
	Name of each creditor for Vehicle 1	Average monthly payment		
	-NONE-	\$		
	Total Average Monthly Payment	\$0.00	Copy here => -\$	Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if the numbert is less than \$0,	enter \$0	\$0.	COpy net Vehicle 1 expense here > \$ 0.00
Vel	hicle 2 Describe Vehicle 2:			
13d.	Ownership or leasing costs using IRS Local Standard		\$ 485.	00
13e.	Average monthly payment for all debts secured by Vehicle 2. D leased vehicles. $$	o not include costs for		
	Name of each creditor for Vehicle 2	Average monthly payment		
	-NONE-	\$		
	Total average monthly payment	\$0.00	Copy here => -\$	Repeat this amount on line 33c.
13f.	Net Vehicle 2 ownership or lease expense			Copy net Vehicle 2
	Subtract line 13e from line 13d. if this number is less than \$0,	enter \$0	\$\$	expense here
14.	Public transportation expense: If you claimed 0 vehicles in Public Transportation expense allowance regardless of w			\$ 0.00
15.	Additional public transportation expense: If you claimed 1 deduct a public transportation expense, you may fill in what you more than the IRS Local Standard for public Transportation.			

Debtor 1	Boyer, Wynne Leonard	Case number (if known)	4:18-bk-12885
Deptor 1	Boyer, wynne Leonard		4. 10-DR-12003

The following IRS categorides. 16. Taxoas: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-amphyment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withhold from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not Include red eaties, self-act, or use taxes. The Northuntary deductions: The total monthly payroll deductions that your plot requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(t) contributions or payroll savings. Do not include premiums for file insurance on your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include premiums for file insurance on the than term. 18. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for childcare, such as bebysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school decutation. By a complete payments for any elementary or secondary school decutation. 21. Childcare: The total monthly amount that you pay for childcare, such as bebysitting, daycare, nursery, and preschool. Do not include anyments for any elementary or secondary school decutation. 22. Additional beath care expenses, excluding insurance costs: The monthly amount that you pay for health care that required for the health and verifier of your or you dependents, such paym	Oth		addition to the expense deductions listed above, you are allow	ed your monthly expenses for				
self-employment taxes, social security taxes, and Medicare taxes. You may include the morthly amount withheld from your pay for these taxes. However, if you expect to review a tax refund, you must divide the expected refund by 12 and subtract that number from the total morthly amount that is withheld to pay for taxes. 7. Involuntary deductions: The total morthly payoral deductions that your job requires, such as refirement contributions, union dues, and uniform costs, or use taxes. 8. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payoral savings. 8. Life Insurance: The total morthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouses term life insurance. Do not include periments of the insurance or undergraded payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 9. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 9. 0.00 19. Court-ordered payments: The total monthly amount that you pay for education that is either required: 19. as a condition for your job, or 10. for your physically or mentally challenged dependent child if no public education is available for similar services. 10. Collidares: The total monthly amount that you pay for relationer, but any any for the payment of the health and welfare of you or your dependents, such as best paydin that is not return that is not expected. 10. Do not include payment for ray elementary or secondary school education. 11. Collidares: The total monthly amount that you pay for relation that you pay for teath care that is required for the health and welfare of you or your dependents, such as tose represented on the 50 recondary school education. 12. Collidares: The total monthly amount that you pay for teath care of the payment of the health								
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Do not include payments for any elementary or secondary school education. 22. Additional health care expanses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, all sability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Total \$ 0.00 Copy total here⇒ \$ 0.00 Total Continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an	21							
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Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call wailing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account strate reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$ 0.00 Health savings account + \$ 0.00 Total \$ 0.00 Copy total here \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderty, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. \$529A(b.C. \$529A(b.C.) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Preventi	22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health						
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25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 0.00 Copy total here⇒ \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	itional Expense Deductions	These are additional deductions allowed by the Means Tes					
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Disability insurance Health savings account + \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	25.	insurance, disability insurance	insurance, and health savings account expenses. The more, and health savings accounts that are reasonably necessary for	nthly expenses for health r yourself, your spouse, or your				
Health savings account + \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$		Health insurance	\$0.00					
Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance	\$ 0.00					
Do you actually spend this total amount? No. How much do you actually spend? Yes * Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account	+ \$					
No. How much do you actually spend? Yes S Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total	\$ 0.00 Copy tot	al here=>	\$	0.00		
Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.								
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		_	• •					
you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue to pay for the reason household or member of your	able and necessary care and support of an elderly, chronically it immediate family who is unable to pay for such expenses. Thes	I, or disabled member of your	\$	0.00		
By law, the court must keep the nature of these expenses confidential.	27.	Protection against family v you and your family under the	olence. The reasonably necessary monthly expenses that you Family Violence Prevention and Services Act or other federal la	ncur to maintain the safety of ws that apply.				
		By law, the court must keep t	e nature of these expenses confidential.		\$	0.00		

btor 1	Boyer, Wynne Leonard		Case number (if known) <u>4:18-bl</u>	(-1288 <u>5</u>		
28.	Additional home energy costs. Your hom	e energy costs are included in your insuran	ce and operating ex	penses on lin	e 8.		
	If you believe that you have home energy continued the fill in the excess amount of home energy		ts included in exper	ses on line 8	,		
	You must give your case trustee documenta claimed is reasonable and necessary.	tion of your actual expenses, and you must	show that the additi	onal amount	\$ _	0.00	
	Education expenses for dependent child \$160.42* per child) that you pay for your dep elementary or secondary school.	ren who are younger than 18. The mont bendent children who are younger than 18 y	hly expenses (not n ears old to attend a	nore than private or put	olic		
	You must give your case trustee documenta reasonable and necessary and not already a		explain why the amo	ount claimed	is		
	* Subject to adjustment on 4/01/19, and eve	ry 3 years after that for cases begun on or a	after the date of adju	stment.	\$ _	0.00	
	 Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. 						
	To find a chart showing the maximum additi- this form. This chart may also be available a	onal allowance, go online using the link spe t the bankruptcy clerk's office.	cified in the separate	e instructions	for		
	You must show that the additional amount c				\$ _	0.00	
	Continuing charitable contributions. The instruments to a religious or charitable organ		in the form of cash	or financial			
	Do not include any amount more than 15%	of your gross monthly income.				0.00	
32.	Add all of the additional expense deduct	ions.			\$	0.00	
	Add lines 25 through 31.						
Ded	ctions for Debt Payment						
	o calculate the total average monthly payme ne 60 months after you file for bankruptcy. T Mortgages on your home		ie to each secured t			e monthly	
33a.	Copy line 9b here			=;	payme > \$	1,714.00	
	Loans on your first two vehicles			***************************************	· 	1,7 1 100	
33b.				=)	> \$	0.00	
33c.				=)	·	0.00	
33d.	List other secured debts						
	e of each creditor for other secured debt	Identify property that secures the debt	in	oes payment clude taxes insurance?			
				l No			
	-NONE-			l Yes	\$		
					· —	·····	
				l No			
				Yes	\$		
				1			
		-		Yes +	\$		
					[
00-	Tatal average monthly as a set A	- 00- th	. 47	4400 to	opy tal	1 714 00	
33e.	Total average monthly payment. Add line	s 33a through 33d	. \$1,7	14.00 he	ere=> \$	1,714.00	

Debtor 1	Boy	<u>er, Wynne Leonard</u>		-	Case	number (if known)	4:18-bk-	12885	
			n line 33 secured by your pr our support or the support			or			
	No	Go to line 35.							
ĺ		State any amount that	you must pay to a creditor, in sion of your property (called thation below.						
Nar	ne of the	creditor	Identify property that so	ocures the del	ot i	Total cure amoun	i t	Monthly amount	cure
-N	ONE-		· · · · · · · · · · · · · · · · · · ·		\$		+ 60 =	\$	
					Total	s0	.00 Cop tota here	í	0.00
35. I	Do you o	owe any priority claims due as of the filing da	s - such as a priority tax, chi te of your bankruptcy case?	lid support, o	or alimony - that 507.				
ı	■ No.	Go to line 36.							
l	□ Yes.		of all of these priority claims. s those you listed in line 19.	Do not include	de current or ong	oing			
		Total amount of all pa	ast-due priority claims			§0	<u>.00</u> + 6	0 \$_	0.00
36. I	Projecte	d monthly Chapter 13	plan payment		:	š			
!	Office of Executive To find a li	the United States Court office for United States ist of district multipliers that	t as stated on the list issued b is (for districts in Alabama and s Trustees (for all other district t includes your district, go online u his list may also be available at the	d North Carol is). ising the link sp	ina) or by the pecified in the	·			
,	Average	monthly administrative ex	xpense			\$	Copy t		
37.		of the deductions for es 33e through 36.	debt payment.					\$	1,714.00
Tota	ıl Deduc	tions from Income							
38.	Add all c	of the allowed deduction	ons.						
		ne 24, All of the expense e allowances	s allowed under IRS	\$	4,162.33	_			
	Copy lir	ne 32, All of the additiona	al expense deductions	\$	0.00	-			
	Copy lin	ne 37, All of the deduction	ns for debt payment	···· + \$_	1,714.00	<u>. </u>			
	Total de	eductions		\$	5,876.33	Copy total he	ere=>	\$	5,876.33

Debtor 1	1 Boy	er, Wynn	e Leonard			С	ase numb	er (if known)	4:18-bk-128	185
Part 2	2: De	etermine Yo	ur Disposable Income U	nder 11 U.S.C. § 132	5(b)(2)					
39.			rrent monthly income fro Current Monthly Income						\$	5,528.66
40.	children disability in accord	n. The month y payments	bly necessary income yo nly average of any child sup for a dependent child, repo pplicable nonbankruptcy la hild.	port payments, foster orted in Part I of Form	care pa 122C-1	yments, or I, that you rec	eived \$		0.00	
41.	employe U.S.C. §	r withheld fro	retirement deductions. To om wages as contributions plus all required repayments 19).	for qualified retiremen	nt plans,	as specified in			0.00	
42.	Total of	all deducti	ons allowed under 11 U.S	s.C. § 707(b)(2)(A). C	opy line	38 here	=> \$	5,	876.33	
43.	and you expense	have no reases. You must	cial circumstances. If spe sonable alternative, describ give your case trustee a do or the expenses.	e the special circums	tances a	nd their				
Des	scribe th	e special ci	ircumstances		^	mount of exp	pense			
	•				_ \$ _					
					_ \$_					
					\$ _					
				Total	\$	0.00	- Cop	y ≘=>\$ 	0.00	
44.	Total ad	ijustments.	Add lines 40 through 43			=>	\$	5,876.3	Gopy here=> -\$	5,876.33
45.	Calcula	te your mo	nthly disposable income	under § 1325(b)(2).	Subtract	l line 44 from l	line 39.		\$	-347.67
Part 3	: Ci	hange in Inc	come or Expenses							
46.	in this for bankrup example column,	orm have chartcy petition a e, if the wage enter line 2	or expenses. If the incomanged or are virtually certain and during the time your cases reported increased after in the second column, expland fill in the amount of the	n to change after the o se will be open, fill in t you filed your petition, ain why the wages ind	late you he inforr check 1	filed your nation below. I 22C-1 in the fi	For irst			
For	m	Line	Reason for change			Date of chang	30	Increase or decrease?	Amount	of change
00000	122C-1 122C-2 122C-1 122C-2 122C-1 122C-2							Increase Decreas Increase Decreas Decreas	e \$ e \$	
	122C-1 122C-2							☐ Increase☐ Decreas		

Debtor 1	Boyer, Wynne Leonard	Case number (if known)	4:18-bk-12885
	,		
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the information or	this statement and in any attachn	nents is true and correct.
	12/2		
Х	/s/ Wynne Leonard Boyer		
	Wynne Leonard Boyer		
	Signature of Debtor 1		
	May 21, 2018 MM / DD / YYYY		
	WINIT DD 7 TTTT		